

remark how very desirable would be a sanitarium somewhere in Japan, to which invalids from our stations in the former might be sent. My cursory examination of Nagasaki convinced me that here is really the best possible situation for such an establishment. The place itself possesses in an eminent degree all the ordinary indications of being a healthy one. Building materials are abundant, and cheap labour is procurable to any extent." (p. 463.)

We would gladly give a fuller quotation on this extremely important subject did our space permit, as we can, from personal experience in Southern China, vouch for the truth of the unwholesomeness of our stations there, and the want which exists of such a sanitarium as Nagasaki seems fitted to afford.

We must now take leave of 'China from a Medical Point of View,' though containing much that will interest the general reader, it is not devoid of merit as a medical work, though we should have preferred to have found more detail as to medical treatment, &c. Dr. Gordon states that he intended the work especially for those who may again be in medical charge of troops in China, and to such we think it cannot but prove on the whole useful.

REVIEW XI.

A Manual of Military Surgery, for the Use of Surgeons in the Confederate States Army; with an Appendix of the Rules and Regulations of the Medical Department of the Confederate States Army.
By J. JULIAN CHISHOLM, M.D., Professor of Surgery in the Medical College of South Carolina, Surgeon in the Confederate States Army, &c. Second Edition, revised and improved.—
Richmond, Va., 1862. pp. 514.

THE dreadful slaughter which has been lately going on in America has not as yet produced that slight compensation which such horrors usually bring with them, in any useful systematic contribution to the healing art. The Peninsular war, if it did not deserve all the encomiums in this respect which Mr. Guthrie used to lavish on it, yet no doubt was most valuable in its effect on the treatment of all injuries, and especially gun-shot wounds. The Crimean war was illustrated by a medical history which will long be referred to as one of the most valuable medical works of the age; nor have the Indian and Italian campaigns been barren of useful experience; but as yet the war in America seems destined to be as useless for instruction to the surgeon as to the soldier, and for the same reason—viz., that a mass of duty which would have taxed severely the powers of the most efficient staff of well instructed and experienced officers, has been suddenly thrown upon a heterogeneous collection of persons without any special training, and often without any aptitude for the business. This has not proved so disastrous in the medical as in the fighting department, since the officers of the former were, at any rate, surgeons at the outset, while those of the latter in most cases had not been soldiers at all; still, it has not been without its effect. Every reader of the book which we have placed at the head of these remarks will see, that to be a good

military surgeon at all, even so far as to do the best for life and limb in the various emergencies of war, an officer must have received some special training which an ordinary general practitioner neither has nor should have ; but he will also learn that this constitutes only a small portion of the ordinary army surgeon's duties, since gun-shot wounds and the casualties of actual warfare occasion less than a tenth part of the loss of an army ; so that questions of camp-hygiene and discipline, utterly foreign to medical education as such, ought to occupy the greater part of the thoughts of any surgeon serving with the army.* But to be a good and efficient head of a medical department, such a chief as shall really be likely to advance the science of military surgery, either by practical improvements or by extended observations, requires a combination of knowledge, experience, and natural capacity which can only in ordinary cases be expected from army surgeons who have passed through the rough ordeals and sad experience of years of camp life and actual warfare. Wars such as these in America, managed by civilian soldiers and civilian doctors, with the dreadful losses which a want of special training in both classes has involved, will do much to prevent a repetition of the error by which in the Crimean war civil surgeons were put in positions of greater dignity and emolument over the heads of the far better qualified military surgeons ; and a number of expensive civil hospitals were founded, the principal use of which was to allay popular clamour, at the expense of engendering well-founded discontent among our more hardily worked and less generously paid army doctors. In America, however, there was no choice ; as no army surgeons existed, the armies were necessarily handed over to ordinary general practitioners, with the results which Dr. Chisholm hints at in his preface—

“As our entire army is made up of volunteers from every walk of life, so we find the surgical staff of the army composed of physicians without surgical experience. Most of those who now compose the surgical staff were general practitioners, whose country circuit gave them but little surgery, and very seldom presented a gun-shot wound. As our country had been enjoying an uninterrupted state of peace, the collecting of large bodies of men, and retaining them in health, or the hygiene of armies, had been a study without an object, and therefore without interest. When the war suddenly broke upon us, followed immediately by the blockading of our ports, all communication was cut off with Europe, which was the expected source of our surgical information. As there had been no previous demand for works on military surgery, there were none to be had in the stores, and our physicians were compelled to follow the army to battle without instruction. No work on military surgery could be purchased in the Confederate States. As military surgery, which is one of expediency, differs so much from civil practice, the want of proper information has already made itself seriously felt.” (Preface, p. i.)

Dr. Chisholm's work is intended, then, not as a complete treatise on the art of military surgery, but as a manual for the use of the surgeons in the army to which he belongs. We must say that the work is a most excellent one for this purpose, and that as far as this specimen goes (the only one we have seen from the Southern States),

* See the excellent remarks of our author in Chapter IV.

the Confederates appear to have as great an advantage over their Northern invaders in the surgical as they have in the other branches of the art of war. We have already noticed some of the works printed for distribution among the surgeons of the United States army.* In those written by native authors, the want of practical knowledge has been only too conspicuous, and perceiving this, we suppose, the Government has resorted to the peculiarly American expedient, of printing some of the best known English works on military surgery (as the essays of McLeod and Longmore), for the use of the surgeons of their army. This piece of authorized piracy is a plain confession of the inadequacy of the works of their own surgeons. No such necessity is laid upon the Confederate authorities. This work of Dr. Chisholm is amply sufficient for the needs of those for whom it is intended. The author does not inform us what experience he has had, nor how much of the work is original; nor is it possible to judge on this head, since he adopts the reprehensible practice of transferring passages from other authors into his pages without acknowledgment (beyond the general acknowledgment contained in the Preface, p. iv.); but from some expressions on p. 63, we infer that Dr. Chisholm was at any rate in the neighbourhood of the French army during the Italian campaign, and has therefore had some opportunities of seeing the medical arrangements of large European armies. But whatever may be the sources from which it is derived, the work before us gives an excellent and tolerably full account of all the matters which it is necessary for an army surgeon to know—hygiene, recruiting, clothing, feeding, and amusing the soldiers; the arrangements, sanitary and others, of camps and hospitals; the transport of sick and wounded; the duties of surgeons in military hospitals, in charge of bodies of troops, and in battle; the general and special surgery of gun-shot and other wounds; short directions for such operations as are most commonly necessary; the administration of chloroform, and the management and detection of malingersers, make up a goodly array of subjects; and as all these are treated usefully, well, and intelligibly in four hundred and forty-six small pages, it is plain that the author must be a man of clear head and good powers of expression, as well as familiar with his subjects. In the Appendix are contained—1. The official regulations for the Confederate States army surgeons. 2. The Memorandum published for the information of surgeons in the English army on taking the field. And 3. Some plain directions for cooking.

There is not, of course, very much in the strictly surgical portion of this work that would be new to our readers; but a few extracts on subjects which are either new to us, or on which opinions in Europe are still divided, may serve to show what the teaching of the best American authorities is.

The following passage is encouraging to those who have maintained

* A work by Prof. Hamilton on Military Surgery was noticed in vol. xxix. p. 171, and one by Dr. Stephen Smith, in vol. xxx. p. 458. Both works, but especially the latter, were below the reputation of their authors.

the efficiency of volunteer troops if called upon to sustain the hardships of actual war :

"When the call to arms was made, the militia—composed in a large measure of clerks, merchants, and professional men, most of whom were much more familiar with the duties of the desk than manual labour—with one common impulse rushed to meet the enemy. Many of them, of delicate frames and frail constitutions, exposed themselves upon sandy islands, directly upon the sea-beach, with little or no protection. They were badly housed, irregularly fed, and miserably watered. Their daily duties were, with pick and shovel, to throw up redoubts, establish batteries, and mount heavy ordnance during the day; whilst their nights, when not spent in anxiously watching an expected invasion, or performing tedious guard duty during a spell of continuous stormy weather, were forgotten in sweet oblivion upon the wet sand, at times without the shelter of a tent. Notwithstanding, the sanitary condition of the troops was excellent, and many, of delicate frame, returned to their homes, at the expiration of two months, sturdy robust men, with an addition in some cases of twenty-five pounds weight. All, without exception, were improved by the change of life, under the exhilarating influence of sea air and active exercise." (p. 6.)

The following hint as to dressing may be useful, though the material is much less plentiful with us than in Dr. Chisholm's experience :

"Carded cotton has been extensively used in military surgery, and was found in the Crimea to be a good substitute for lint by the French surgeons, with whom an abundance of lint is a *sine quâ non* in the treatment of wounds. As it can be so easily obtained in any part of the Confederate States, and at so trifling a cost, it promises speedily to usurp the place of the official preparation. Now that tents and meshes are scarcely used, and receptacles for collecting pus are denounced in modern surgical practice, we see no reason why carded cotton, with its very soft elastic fibre, would not make a more soothing dressing than lint, which is often formed of coarse, hard threads, which would leave their marks upon a sensitive inflamed surface, and therefore must be the unrecognised cause of pain.

"Mayor, in his work, '*Bandages et appareil à pansement*,' after mentioning that the use of raw cotton had been proscribed without cause in the treatment of wounds, reiterates what would be evident to every serious investigator, that, far from being hurtful, this substance, so light, so soft, so clean, so simple, so abundant, and so easily obtained, is the very best article that can be used." (Note, p. 132.)

The subject of gun-shot wounds of the extremities seems to us especially well treated by Dr. Chisholm. We select two topics for extract. On the question of amputations in the thigh, Dr. Chisholm's experience appears to coincide with that derived from the recent campaigns of European armies, in leading him to dissuade amputations at or near the hip, while warmly urging the importance of amputating, as a general rule, in the lower part of the femur.

"Baudens succeeded in saving both limb and life in cases in which compound fractures of the upper half of the thigh were treated without operation. Consolidated and useful limbs, with but little deformity, are reported as having been saved. By the use of the fracture-box and inclined plane he succeeded in curing a compound fracture on a level with the trochanter, saving a useful limb, although he had extracted two inches of the shaft of the femur. His experience proves that compound comminuted fractures of the upper

half of the thigh are not so fatal when attempts are made to save the limb, as when the thigh is amputated. The experience of surgeons derived from the wounded of the army of the Potomac, would establish a similar course of treatment, as excellent limbs were saved where fractures had occurred in the upper third of the femur, whilst amputations in the neighbourhood of the trochanters met with the usual fatality." (p. 401.)

"As a rule, amputations are less hazardous the greater distance we operate from the trunk; and the reason why amputations are urged for compound fracture of the lower and not upper portions of the femur is, that the chances being similar without it, amputations are much less fatal in the lower than in the upper half of the thigh. Attempts at saving limbs, after the battles on the Potomac, confirm the above experience. Too few primary amputations were performed upon the lower portion of the thigh, and the result was a heavy mortality among this class of wounded." (p. 408.)

Dr. Chisholm speaks in very favourable terms of the operation of resection generally. His words are :

"In gun-shot wounds of joints, very rarely does the patient escape with life in military hospitals. In private practice he sometimes recovers; but even under the most advantageous circumstances a successful case is rarely seen, and then usually with a destroyed and ankylosed joint. As the results in injured joints are so fatal, surgeons had at an early day adopted amputations as giving the only chance for recovery. In recent years, conservative surgery has introduced the operation of resection as affording not only the means of preserving life, but also of saving a useful limb." (p. 386.)

We infer from these and other expressions of Dr. Chisholm that not only the elbow and shoulder, but also the other large joints, have been frequently the subjects of resection in American military experience. If this be really so, we look with much interest for a publication of the results, since hitherto the very slight experience obtained of excisions of the knee and hip in actual warfare has been highly discouraging.

Many other interesting topics might be illustrated from Dr. Chisholm's work, but we must forbear. We commend it to the notice of our readers as one of the best compendiums of the present state of army surgery which we have met with. The want of references prevents us from judging accurately what praise it deserves in respect of originality.